

**CONTRACT CERTIFICATION  
ATTACHMENT E**

**(Program Name)**

**Contract Term:**

**Contract #:**

**Agency Name:**

**Address:**

**OMH Contact Person:**

**Phone/Email Address:**

The OMH Director (or designee) charged with oversight of the above referenced contract/amendment certifies that the above noted agency has satisfactorily met the standards for provision of service and consumer care required by the NYS OMH for this program. This determination was based on oversight and due diligence review during the previous contract year and included the following checked items as appropriate.

**Certified Program:**

**X Yes**

**No**

If Yes:

Please list the relevant Operating Certificate Number(s):

- Billings reviewed for Accuracy Annually
- Satisfactory Quality Assurance Review
- Review of Annual Consolidated Fiscal Report
- Consumer Satisfaction Review
- Timely and Professional Response to Referrals for Service
- Program Review
- Site Visit
- Annual Contract Review Meeting
- Other \_\_\_\_\_

Attach additional documentation and comments as appropriate.

If No:

- Billings reviewed for Accuracy Annually
- Satisfactory Quality Assurance Review
- Review of Annual Consolidated Fiscal Report
- Consumer Satisfaction Review
- Timely and Professional Response to Referrals for Service
- Program Review
- Site Visit
- Annual Contract Review Meeting
- Other

Attach additional documentation and comments as appropriate.

Certified By: Nancy P. Splonskowski

Director, Contracts and Claims Unit, CBFM

Signature & Date: \_\_\_\_\_